

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CLUB FOR GROWTH ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487470
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Club for Growth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2014</b>
Mailing Address 2001 L St., NW, Ste. 600		Amount <b>71.23</b>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure press release (from advance line 21)	Category/ Type	Transaction ID : <b>SE.44551</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2014</b>
Name of Federal Candidate <b>SHANE OSBORN</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NE</b>
Calendar Year-To-Date Per Election for Office Sought <b>118727.90</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Club for Growth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 22 / 2014</b>
Mailing Address 2001 L St., NW, Ste. 600		Amount <b>171.49</b>
City Washington	State DC	Zip Code 20036
Purpose of Expenditure tv ad production costs (from advance line 21)	Category/ Type	Transaction ID : <b>SE.44550</b> Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 22 / 2014</b>
Name of Federal Candidate <b>SHANE OSBORN</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NE</b>
Calendar Year-To-Date Per Election for Office Sought <b>118899.39</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>242.72</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Chocola

[Electronically Filed]

Date

MM / DD / YYYY  
**04 / 24 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>CLUB FOR GROWTH ACTION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487470	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Red Sea, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 22 / 2014</b>	
Mailing Address 4550 Montgomery Ave. #906		Amount 117880.00	
City Bethesda	State MD	Zip Code 20814	Transaction ID : SE.44548
Purpose of Expenditure tv ad air buy, production costs	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 18 / 2014</b>	
Name of Federal Candidate SHANE OSBORN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117880.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	118122.72

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Chris Chocola

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 24 / 2014

Signature